

EXHIBIT “3”

PSYCHOLOGICAL ASSESSMENT REPORT

Dr. Susan J. Pollino

IDENTIFYING INFORMATION

Patient Name: [REDACTED]	Gender: Male
Date of Birth: [REDACTED]	Age: 20
Date of Assessment: 10/15/2021	Date of Accident: 9/6/2021
Evaluation Completed By: David Catacora, MS	Type of Accident: No-Fault/MVA

PATIENT HISTORY

Purpose of Referral: [REDACTED] is a 20-year-old man, who reported being involved in a motor vehicle accident on 9/6/2021. [REDACTED] reported that the accident left him with physical and emotional impairments.

Accidental Details

[REDACTED] reported being driver during accident on 9/6/2021, at around 4:00PM. Patient reported traveling on street when he was rear-ended by another vehicle, causing him to then impact the vehicle in front of him. Patient reported being in shock at the time of the accident. He reported experiencing pains to the chest, stomach, neck, knees and lower back. He reported being taken to hospital by EMS where he received X-rays. Police completed an accident report.

STATED CURRENT SYMPTOMS

Physical: None reported

Emotional: sadness, anxiousness, angry, flashbacks

Cognitive: None reported

Suicidal/Homicidal Ideation: None reported

Patient reported experiencing the above-mentioned symptoms since the date of the accident.

PERTINENT BACKGROUND INFORMATION

Employment Status: Cashier

Marital Status: Single

Children: 0 children

Education Level: High School

MEDICAL HISTORY

Past or Current Medical Problems/Health Concerns: None reported

Allergies: None reported

Current Medications: None reported

Past Surgeries: None reported

Substance use in the past 30 days (not prescribed by a doctor): None reported

Alcohol use: None reported

Tobacco use: None reported

Caffeine use: None reported

PSYCHIATRIC HISTORY

Previous Psychotherapy and/or Outpatient Treatment: History of Anxiety

Current Use of Psychotropic Medication(s): None reported

Psychiatric Hospitalizations: None reported

MENTAL STATUS EXAMINATION	
Orientation:	<input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time <input checked="" type="checkbox"/> Situation/Circumstance <input type="checkbox"/> Not oriented
Attention/ Concentration:	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Insight/Judgment:	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Impulse Control:	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Recent Memory:	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Thought Process:	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Concrete <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Loose <input type="checkbox"/> Tangential
Appearance:	<input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Well-groomed <input type="checkbox"/> Disheveled <input type="checkbox"/> Self-neglect
Behavior:	<input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Guarded <input type="checkbox"/> Irritable <input type="checkbox"/> Resistant <input type="checkbox"/> Withdrawn
Ambulation:	<input checked="" type="checkbox"/> Independent <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Crutches <input type="checkbox"/> Other:
Activity Level:	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Overactive <input type="checkbox"/> Underactive <input type="checkbox"/> Restless <input type="checkbox"/> Agitated
Vision:	<input checked="" type="checkbox"/> Within Functioning Limits <input type="checkbox"/> Limited Vision <input type="checkbox"/> Blind
Hearing:	<input checked="" type="checkbox"/> Within Functioning Limits <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Deaf
Non-Verbal Aphasia:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Global <input type="checkbox"/> Expressive <input type="checkbox"/> Receptive <input type="checkbox"/> Not Assessed
Speech Rate:	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Fast <input type="checkbox"/> Halting
Speech Quality:	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Soft <input type="checkbox"/> Loud <input type="checkbox"/> Pressured <input type="checkbox"/> Unintelligible
Speech Content:	<input checked="" type="checkbox"/> Relevant <input type="checkbox"/> Irrelevant <input type="checkbox"/> Sparse <input type="checkbox"/> Rambling <input type="checkbox"/> Abusive
Affect:	<input checked="" type="checkbox"/> Stable <input type="checkbox"/> Labile <input type="checkbox"/> Full Range <input type="checkbox"/> Flat/Constricted <input type="checkbox"/> Elevated <input type="checkbox"/> Irritable <input type="checkbox"/> Fearful <input type="checkbox"/> Sad <input type="checkbox"/> Inappropriate <input type="checkbox"/> Other:
Mood:	<input type="checkbox"/> Euthymic <input checked="" type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Anger/Frustration <input type="checkbox"/> Guilt <input type="checkbox"/> Shame <input type="checkbox"/> Dissociation <input type="checkbox"/> Mania <input type="checkbox"/> Other

CURRENT EXAMINATION

The following were completed at the time of the evaluation:

Clinician Interview; Review of Records

Mood Assessments: Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI), Patient Health Questionnaire (PHQ-9)

Trauma Assessment: The Primary Care PTSD Screen (PC-PTSD-5)

Cognitive Assessment: Neurobehavioral Symptom Inventory (NSI)

SUMMARY OF FINDINGS

TESTS AND RESULTS

BDI-II:	13	Mild
PHQ-9:	2	Minimal
BAI:	7	Minimal

PC-PTSD-5: 0 Does not meet criteria for PTSD

NSI: [REDACTED] reported the following symptoms as disturbing in the last two weeks: feeling depressed or sad.

INTERPRETATION

The results of this evaluation indicate [REDACTED] is suffering from emotional impairments, in addition to his physical pain, which are consequently and causally related to the accident on 9/6/2021

DIAGNOSIS/DIAGNOSES AND CODE – Based on ICD-10/DSM-5

The test results are consistent with the criteria for the following diagnosis/diagnoses:

1. **F43.21 Adjustment Disorder with Depressed Mood**

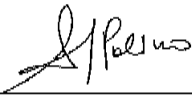
FINAL RECOMMENDATIONS

[REDACTED] should receive Supportive Psychotherapy utilizing Cognitive Therapy and/or Biofeedback, at least once a week in order to cope with his disability and regulate pain levels.

<p>DISCLAIMER: All patients are aware that we do not provide emergency medical and/or psychological services. Therefore, in the event of an emergency, patient should contact their current medical provider(s), call 911 or go to the nearest Emergency Room.</p>

David Catacora, MS _____
Clinician / Title

10/15/2021
Date



Susan J. Pollno, PhD

12/16/2021
Date

PSYCHOLOGICAL ASSESSMENT

Dr. Susan J. Polino

IDENTIFYING INFORMATION

Patient Name: [REDACTED]	Gender: Male
Date of Birth: [REDACTED]	Age: 49
Date of Assessment: 10/14/2021	Date of Accident: 01/29/2021
Evaluation Completed By: Colette Leon	Type of Accident: No-Fault/MVA

PATIENT HISTORY

Purpose of Referral: [REDACTED] is a 39-year-old man, who reported being involved in a motor vehicle accident on 01/29/2021. [REDACTED] reported that the accident left him with physical, emotional, and cognitive impairments.

Accidental Details

[REDACTED] was a passenger in the car which was involved in the accident on 01/29/21. The car [REDACTED] was in, was driving straight when another car struck his vehicle at the driver's side. He reported that he injured his lower back and right shoulder. Upon impact of the accident he was shocked, nervous and scary. The police responded and a report was filed. [REDACTED] reported, he was not taken to the hospital by EMS.

Mr. Dobbins reported that the accident left him with physical, emotional, and cognitive impairments.

STATED CURRENT SYMPTOMS

Physical: Neck and back pain, headaches, insomnia

Emotional: Flashbacks, anxiousness

Cognitive: Difficulty of thinking and concentrating

Suicidal/Homicidal Ideation: None reported

Patient reported experiencing the above-mentioned symptoms since the date of the accident.

PERTINENT BACKGROUND INFORMATION

Employment Status: Web outreach

Marital Status: Single

Children: 1 children

Education Level: High school

MEDICAL HISTORY

Past or Current Medical Problems/Health Concerns: Heart, HBP

Allergies: None reported

Current Medications: None reported

Past Surgeries: Shoulder surgery

Substance use in the past 30 days (not prescribed by a doctor): None reported

Alcohol use: None reported

Tobacco use: None reported

Caffeine use: None reported

PSYCHIATRIC HISTORY

Previous Psychotherapy and/or Outpatient Treatment: None reported

Current Use of Psychotropic Medication(s): None reported

Psychiatric Hospitalizations: None reported

MENTAL STATUS EXAMINATION

Orientation: ☒ Person ☒ Place ☒ Time ☒ Situation/Circumstance ☐ Not oriented

Attention/Concentration: ☒ Good ☐ Fair ☐ Poor

Insight/Judgment: ☒ Good ☐ Fair ☐ Poor

Impulse Control: ☒ Good ☐ Fair ☐ Poor

Recent Memory: ☒ Good ☐ Fair ☐ Poor

Thought Process: ☒ Normal ☐ Concrete ☐ Flight of Ideas ☐ Loose ☐ Tangential

Appearance: ☒ Appropriate ☐ Well-groomed ☐ Disheveled ☐ Self-neglect

Behavior: ☒ Cooperative ☐ Guarded ☐ Irritable ☐ Resistant ☐ Withdrawn

Ambulation: ☒ Independent ☐ Cane ☐ Walker ☐ Crutches ☐ Other:

Activity Level: ☒ Normal ☐ Overactive ☐ Underactive ☐ Restless ☐ Agitated

Vision: ☒ Within Functioning Limits ☐ Limited Vision ☐ Blind

Hearing: ☒ Within Functioning Limits ☐ Hard of Hearing ☐ Deaf

Non-Verbal Aphasia: ☒ None ☐ Global ☐ Expressive ☐ Receptive ☐ Not Assessed

Speech Rate: ☒ Normal ☐ Slow ☐ Fast ☐ Halting

Speech Quality: ☒ Normal ☐ Soft ☐ Loud ☐ Pressured ☐ Unintelligible

Speech Content: ☒ Relevant ☐ Irrelevant ☐ Sparse ☐ Rambling ☐ Abusive

Affect: ☒ Stable ☐ Labile ☐ Full Range ☐ Flat/Constricted ☐ Elevated
☐ Irritable ☐ Fearful ☐ Sad ☐ Inappropriate ☐ Other:

Mood: ☒ Euthymic ☐ Anxiety ☐ Depression ☐ Anger/Frustration ☐ Guilt
☐ Shame ☐ Dissociation ☐ Mania ☐ Other

CURRENT EXAMINATION

The following were completed at the time of the evaluation:

Clinical Interview; Review of Records

Mood Assessments: Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI), Patient Health Questionnaire (PHQ-9)

Trauma Assessment: The Primary Care PTSD Screen (PC-PTSD-5)

Cognitive Assessment: Neurobehavioral Symptom Inventory (NSI)

SUMMARY OF FINDINGS

TESTS AND RESULTS

BDI-II:	19	Mild
PHQ-9:	11	Moderate
BAI:	23	Moderate
PC-PTSD-5:	4	Meets criteria for PTSD

NSI: [REDACTED] reported the following symptoms as disturbing in the last two weeks: Felling dizzy, loss of balance, poor coordination, clumsy, headaches, hearing difficulty, sensitivity to noise, numbness or tingling on parts of my body, loss of appetite or increased appetite, forgetfulness, can't remember things, difficulty making decisions, slowed thinking, difficulty getting organized, can't finish things, fatigue, loss of energy, getting tired easily, difficulty falling or staying asleep, felling anxious or tense, felling depressed or sad, irritability, easily annoyed, poor frustration tolerance, feeling easily overwhelmed by things.

INTERPRETATION

The results of this evaluation indicate [REDACTED] is suffering from emotional impairments, in addition to his physical pain, which are consequently and causally related to the accident on 01/29/2021.

DIAGNOSIS/DIAGNOSES AND CODE – Based on ICD-10/DSM-5

The test results are consistent with the criteria for the following diagnosis/diagnoses:

1. F43.0 Acute Stress Disorder
2. F41.1 Anxiety

FINAL RECOMMENDATIONS

[REDACTED] should receive Psychotherapy/Counseling to assist in the alleviation of presenting symptoms and thereby enhance physical recovery.

DISCLAIMER: All patients are aware that we do not provide emergency medical and/or psychological services. Therefore, in the event of an emergency, patient should contact their current medical provider(s), call 911 or go to the nearest Emergency Room.
--

Colette Leon, MSW

Clinician / Title

10/14/2021

Date

A handwritten signature in black ink, appearing to read "S. Polino", written over a horizontal line.

Susan J. Polino, PhD

10/14/2021

Date

PSYCHOLOGICAL ASSESSMENT REPORT

Dr. Susan J. Polino

IDENTIFYING INFORMATION

Patient Name: [REDACTED]	Gender: Female
Date of Birth: [REDACTED]	Age: 23
Date of Assessment: 10/13/2021	Date of Accident: 7/9/2021
Evaluation Completed By: David Catacora, MS	Type of Accident: MVA

PATIENT HISTORY

Purpose of Referral: [REDACTED] is a 23-year-old woman, who reported being involved in a motor vehicle accident on 7/9/2021.

Accidental Details

[REDACTED] reported she was the passenger sitting next to the driver. The patient reported that they were crossing the intersection when they were hit on the passenger side door and front side of the car by another vehicle.

[REDACTED] reported that the accident left her with physical, emotional, and cognitive pain. Upon impact she reported that she injured her right shoulder, chest, hips, and stomach.

STATED CURRENT SYMPTOMS

Physical: headaches, increased fatigue, blurry vision, insomnia, chest pain, back pain, neck pain

Emotional: anxiousness, impatience, irritability, sad/depressed

Cognitive: paranoia, difficulty concentrating

Suicidal/Homicidal Ideation: Denied

Patient reported experiencing the above-mentioned symptoms since the date of the accident.

PERTINENT BACKGROUND INFORMATION

Employment Status: Internship

Marital Status: Single

Children: No children

Education Level: Some College

MEDICAL HISTORY

Past or Current Medical Problems/Health Concerns: Asthma

Allergies: Ibuprofen

Current Medications: Denied

Past Surgeries: Denied

Substance use in the past 30 days (not prescribed by a doctor): Denied

Alcohol use: Denied

Tobacco use: Denied

Caffeine use: Denied

PSYCHIATRIC HISTORY

Previous Psychotherapy and/or Outpatient Treatment: Yes-Anxiety

Current Use of Psychotropic Medication(s): Denied

Psychiatric Hospitalizations: Denied

MENTAL STATUS EXAMINATION	
Orientation:	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation/Circumstance <input type="checkbox"/> Not oriented
Attention/ Concentration:	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Insight/Judgment:	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Impulse Control:	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Recent Memory:	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Thought Process:	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Concrete <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Loose <input type="checkbox"/> Tangential
Appearance:	<input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Well-groomed <input type="checkbox"/> Disheveled <input type="checkbox"/> Self-neglect
Behavior:	<input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Guarded <input type="checkbox"/> Irritable <input type="checkbox"/> Resistant <input type="checkbox"/> Withdrawn
Ambulation:	<input checked="" type="checkbox"/> Independent <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Crutches <input type="checkbox"/> Other:
Activity Level:	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Overactive <input type="checkbox"/> Underactive <input type="checkbox"/> Restless <input type="checkbox"/> Agitated
Vision:	<input checked="" type="checkbox"/> Within Functioning Limits <input type="checkbox"/> Limited Vision <input type="checkbox"/> Blind
Hearing:	<input checked="" type="checkbox"/> Within Functioning Limits <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Deaf
Non-Verbal Aphasia:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Global <input type="checkbox"/> Expressive <input type="checkbox"/> Receptive <input type="checkbox"/> Not Assessed
Speech Rate:	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Fast <input type="checkbox"/> Halting
Speech Quality:	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Soft <input type="checkbox"/> Loud <input type="checkbox"/> Pressured <input type="checkbox"/> Unintelligible
Speech Content:	<input checked="" type="checkbox"/> Relevant <input type="checkbox"/> Irrelevant <input type="checkbox"/> Sparse <input type="checkbox"/> Rambling <input type="checkbox"/> Abusive
Affect:	<input checked="" type="checkbox"/> Stable <input type="checkbox"/> Labile <input type="checkbox"/> Full Range <input type="checkbox"/> Flat/Constricted <input type="checkbox"/> Elevated <input type="checkbox"/> Irritable <input type="checkbox"/> Fearful <input type="checkbox"/> Sad <input type="checkbox"/> Inappropriate <input type="checkbox"/> Other:
Mood:	<input type="checkbox"/> Euthymic <input checked="" type="checkbox"/> Anxiety <input checked="" type="checkbox"/> Depression <input type="checkbox"/> Anger/Frustration <input type="checkbox"/> Guilt <input type="checkbox"/> Shame <input type="checkbox"/> Dissociation <input type="checkbox"/> Mania <input type="checkbox"/> Other

CURRENT EXAMINATION

The following were completed at the time of the evaluation:

Clinical Interview; Review of Records

Mood Assessments: Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI), Patient Health Questionnaire (PHQ-9)

Trauma Assessment: The Primary Care PTSD Screen (PC-PTSD-5)

Cognitive Assessment: Neurobehavioral Symptom Inventory (NSI)

SUMMARY OF FINDINGS

TESTS AND RESULTS

BDI-II:	31	Severe
PHQ-9:	27	Severe
BAI:	56	Severe
 PC-PTSD-5:	 5	 Meets criteria for PTSD

NSI: [REDACTED] reported the following symptoms as disturbing in the last two weeks: loss of balance, feeling dizzy, poor coordination, clumsy, headaches, nausea, loss of appetite, difficulty falling or staying asleep, feeling depressed, sad, poor frustration.

INTERPRETATION

The results of this evaluation indicate [REDACTED] is suffering from emotional and cognitive impairments, in addition to her physical pain, which are consequently and causally related to the accident on 7/9/2021

DIAGNOSIS/DIAGNOSES AND CODE – Based on ICD-10/DSM-5

The test results are consistent with the criteria for the following diagnosis/diagnoses:

1. F43.12 Post-Traumatic Stress Disorder, Chronic
2. F41.1 Generalized Anxiety Disorder


FINAL RECOMMENDATIONS

[REDACTED] should receive Supportive Psychotherapy utilizing Cognitive Therapy and/or Biofeedback, at least once a week in order to cope with her disability and regulate pain levels. Presently, it is also recommended [REDACTED] receive cognitive remediation as needed.

<p>DISCLAIMER: All patients are aware that we do not provide emergency medical and/or psychological services. Therefore, in the event of an emergency, patient should contact their current medical provider(s), call 911 or go to the nearest Emergency Room.</p>

David Catacora, MS
Clinician / Title

10/13/2021
Date



Susan J. Pollno, PhD

Date 12/9/2021

PSYCHOLOGICAL ASSESSMENT REPORT

Dr. Susan J. Pollno

IDENTIFYING INFORMATION

Patient Name: [REDACTED]	Gender: Male
Date of Birth: [REDACTED]	Age: 33
Date of Assessment: 10/14/2021	Date of Accident: 6/27/2021
Evaluation Completed By: David Catacora	Type of Accident: No-Fault/MVA

PATIENT HISTORY

Purpose of Referral: [REDACTED] is a 33-year-old man, who reported being involved in a motor vehicle accident on 6/27/2021. [REDACTED] reported that the accident left him with emotional impairments.

Accidental Details

[REDACTED] reported the accident occurred at approximately 7:00 AM during a sunny and warm morning. Mr. [REDACTED] reported he was driving, and while making a right turn, another motorist who also tried to make a right turn, hit [REDACTED] car on the driver's side. He reported he sustained injuries to his lower back and left shoulder. He also reported the police responded and a report was filed; he reported he was not taken to the hospital by EMS.

[REDACTED] reported that the accident left him with emotional impairments.

STATED CURRENT SYMPTOMS

Physical: None reported

Emotional: Fear of driving or being a passenger, sadness/depression, anxiety, and fears.

Cognitive: None reported

Suicidal/Homicidal Ideation: Denied

Patient reported experiencing the above-mentioned symptoms since the date of the accident.

PERTINENT BACKGROUND INFORMATION

Employment Status: Unemployed

Marital Status: Single

Children: 4 children

Education Level: High school

MEDICAL HISTORY

Past or Current Medical Problems/Health Concerns: Denied

Allergies: Denied

Current Medications: Denied

Past Surgeries: Denied

Substance use in the past 30 days (not prescribed by a doctor): Denied

Alcohol use: Denied

Tobacco use: Denied

Caffeine use: Denied

PSYCHIATRIC HISTORY

Previous Psychotherapy and/or Outpatient Treatment: Denied

Current Use of Psychotropic Medication(s): Denied

Psychiatric Hospitalizations: Denied

MENTAL STATUS EXAMINATION

Orientation: ☒ Person ☒ Place ☒ Time ☒ Situation/Circumstance ☐ Not oriented

**Attention/
Concentration:** ☒ Good ☐ Fair ☐ Poor

Insight/Judgment: ☒ Good ☐ Fair ☐ Poor

Impulse Control: ☒ Good ☐ Fair ☐ Poor

Recent Memory: ☒ Good ☐ Fair ☐ Poor

Thought Process: ☒ Normal ☐ Concrete ☐ Flight of Ideas ☐ Loose ☐ Tangential

Appearance: ☒ Appropriate ☐ Well-groomed ☐ Disheveled ☐ Self-neglect

Behavior: ☒ Cooperative ☐ Guarded ☐ Irritable ☐ Resistant ☐ Withdrawn

Ambulation: ☒ Independent ☐ Cane ☐ Walker ☐ Crutches ☐ Other:

Activity Level: ☒ Normal ☐ Overactive ☐ Underactive ☐ Restless ☐ Agitated

Vision: ☒ Within Functioning Limits ☐ Limited Vision ☐ Blind

Hearing: ☒ Within Functioning Limits ☐ Hard of Hearing ☐ Deaf

Non-Verbal Aphasia: ☒ None ☐ Global ☐ Expressive ☐ Receptive ☐ Not Assessed

Speech Rate: ☒ Normal ☐ Slow ☐ Fast ☐ Halting

Speech Quality: ☒ Normal ☐ Soft ☐ Loud ☐ Pressured ☐ Unintelligible

Speech Content: ☒ Relevant ☐ Irrelevant ☐ Sparse ☐ Rambling ☐ Abusive

Affect: ☐ Stable ☐ Labile ☐ Full Range ☐ Flat/Constricted ☐ Elevated
☒ Irritable ☒ Fearful ☐ Sad ☐ Inappropriate ☐ Other:

Mood: ☐ Euthymic ☒ Anxiety ☐ Depression ☒ Anger/Frustration ☐ Guilt

☐ Shame ☐ Dissociation ☐ Mania ☐ Other

CURRENT EXAMINATION

The following were completed at the time of the evaluation:

Clinical Interview; Review of Records

Mood Assessments: Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI), Patient Health Questionnaire (PHQ-9)

Trauma Assessment: The Primary Care PTSD Screen (PC-PTSD-5)

Cognitive Assessment: Neurobehavioral Symptom Inventory (NSI)

SUMMARY OF FINDINGS

TESTS AND RESULTS

BDI-II:	0	Normal
PHQ-9:	0	Minimal
BAI:	0	Minimal

PC-PTSD-5: Mr. Williams did not complete test.

NSI: [REDACTED] reported the following symptoms as disturbing in the last two weeks: none reported.

INTERPRETATION

The results of this evaluation indicate [REDACTED] is suffering from emotional impairments, which are consequently and causally related to the accident on 6/27/2021.

DIAGNOSIS/DIAGNOSES AND CODE – Based on ICD-10/DSM-5

The test results are consistent with the criteria for the following diagnosis/diagnoses:

- F45.42 Pain Disorder with Psychological Factors

FINAL RECOMMENDATIONS

[REDACTED] should receive Supportive Psychotherapy utilizing Cognitive Therapy and/or Biofeedback, at least once a week in order to cope with his disability and regulate pain levels.

DISCLAIMER: All patients are aware that we do not provide emergency medical and/or psychological services. Therefore, in the event of an emergency, patient should contact their current medical provider(s), call 911 or go to the nearest Emergency Room.

David Catacora, MS
Clinician / Title

10/14/2021
Date



Dr. Susan J. Polino, PhD

11/10/2021
Date

PSYCHOLOGICAL ASSESSMENT

Dr. Susan J. Polino

IDENTIFYING INFORMATION

Patient Name: [REDACTED]	Gender: Male
Date of Birth: [REDACTED]	Age: 21
Date of Assessment: 10/14/2021	Date of Accident: 08/11/2021
Evaluation Completed By: Colette Leon	Type of Accident: No-Fault/MVA

PATIENT HISTORY

Purpose of Referral: [REDACTED] is a 21-year-old man, who reported being involved in a motor vehicle accident on 08/11/2021. [REDACTED] reported that the accident left him with physical, emotional, and cognitive impairments.

Accidental Details

[REDACTED] was a driver in the car which was involved in the accident on 08/11/21. [REDACTED] was driving straight, when was rear-ended by another vehicle. He reported that he injured his lower back and neck. Upon impact of the accident he was shocked, nervous and scary. The police responded and a report was filed. Mr. [REDACTED] reported, he was not taken to the hospital by EMS.

[REDACTED] reported that the accident left him with physical, emotional, and cognitive impairments.

STATED CURRENT SYMPTOMS

Physical: Neck and back pain, headaches, insomnia

Emotional: Flashbacks and anxiousness

Cognitive: None reported

Suicidal/Homicidal Ideation: None reported

Patient reported experiencing the above-mentioned symptoms since the date of the accident.

PERTINENT BACKGROUND INFORMATION

Employment Status: Unemployed

Marital Status: Single

Children: None reported

Education Level: High school

MEDICAL HISTORY

Past or Current Medical Problems/Health Concerns: None reported

Allergies: None reported

Current Medications: None reported

Past Surgeries: None reported

Substance use in the past 30 days (not prescribed by a doctor): Marijuana, weekly

Alcohol use: None reported

Tobacco use: None reported

Caffeine use: None reported

PSYCHIATRIC HISTORY

Previous Psychotherapy and/or Outpatient Treatment: None reported

Current Use of Psychotropic Medication(s): None reported

Psychiatric Hospitalizations: None reported

MENTAL STATUS EXAMINATION

Orientation: ☒ Person ☒ Place ☒ Time ☒ Situation/Circumstance ☐ Not oriented

Attention/Concentration: ☒ Good ☐ Fair ☐ Poor

Insight/Judgment: ☒ Good ☐ Fair ☐ Poor

Impulse Control: ☒ Good ☐ Fair ☐ Poor

Recent Memory: ☒ Good ☐ Fair ☐ Poor

Thought Process: ☒ Normal ☐ Concrete ☐ Flight of Ideas ☐ Loose ☐ Tangential

Appearance: ☒ Appropriate ☐ Well-groomed ☐ Disheveled ☐ Self-neglect

Behavior: ☒ Cooperative ☐ Guarded ☐ Irritable ☐ Resistant ☐ Withdrawn

Ambulation: ☒ Independent ☐ Cane ☐ Walker ☐ Crutches ☐ Other:

Activity Level: ☒ Normal ☐ Overactive ☐ Underactive ☐ Restless ☐ Agitated

Vision: ☒ Within Functioning Limits ☐ Limited Vision ☐ Blind

Hearing: ☒ Within Functioning Limits ☐ Hard of Hearing ☐ Deaf

Non-Verbal Aphasia: ☒ None ☐ Global ☐ Expressive ☐ Receptive ☐ Not Assessed

Speech Rate: ☒ Normal ☐ Slow ☐ Fast ☐ Halting

Speech Quality: ☒ Normal ☐ Soft ☐ Loud ☐ Pressured ☐ Unintelligible

Speech Content: ☒ Relevant ☐ Irrelevant ☐ Sparse ☐ Rambling ☐ Abusive

Affect: ☒ Stable ☐ Labile ☐ Full Range ☐ Flat/Constricted ☐ Elevated
☐ Irritable ☐ Fearful ☐ Sad ☐ Inappropriate ☐ Other:

Mood: ☒ Euthymic ☐ Anxiety ☐ Depression ☐ Anger/Frustration ☐ Guilt
☐ Shame ☐ Dissociation ☐ Mania ☐ Other

CURRENT EXAMINATION

The following were completed at the time of the evaluation:

Clinical Interview; Review of Records

Mood Assessments: Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI), Patient Health Questionnaire (PHQ-9)

Trauma Assessment: The Primary Care PTSD Screen (PC-PTSD-5)

Cognitive Assessment: Neurobehavioral Symptom Inventory (NSI)

SUMMARY OF FINDINGS

TESTS AND RESULTS

BDI-II:	10	Minimal
PHQ-9:	9	Mild
BAI:	8	Minimal
PC-PTSD-5:	3	Meets criteria for PTSD

NSI: [REDACTED] reported the following symptoms as disturbing in the last two weeks: Feeling dizzy, headaches, sensitivity to light, numbness or tingling on parts of my body, loss of appetite or increased appetite, poor concentration, can't pay attention, easily distracted, forgetfulness, can't remember things, slowed thinking, difficulty getting organized, can't finish things, fatigue, loss of energy, getting tired easily, difficulty falling or staying asleep, feeling depressed or sad, irritability, easily annoyed, poor frustration tolerance, feeling easily overwhelmed by things.

INTERPRETATION

The results of this evaluation indicate [REDACTED] is suffering from emotional impairments, in addition to his physical pain, which are consequently and causally related to the accident on 08/11/2021

DIAGNOSIS/DIAGNOSES AND CODE – Based on ICD-10/DSM-5

The test results are consistent with the criteria for the following diagnosis/diagnoses:

1. F43.0 Acute Stress Disorder

FINAL RECOMMENDATIONS

[REDACTED] should receive Psychotherapy/Counseling to assist in the alleviation of presenting symptoms and thereby enhance physical recovery.

DISCLAIMER: All patients are aware that we do not provide emergency medical and/or psychological services. Therefore, in the event of an emergency, patient should contact their current medical provider(s), call 911 or go to the nearest Emergency Room.
--

Colette Leon, MSW

Clinician / Title

10/14/2021

Date



Susan J. Polino, PhD

10/14/2021

Date

PSYCHOLOGICAL ASSESSMENT REPORT

Dr. Susan J. Polino

IDENTIFYING INFORMATION

Patient Name: [REDACTED]	Gender: Female
Date of Birth: [REDACTED]	Age: 55
Date of Assessment: 10/12/2021	Date of Accident: 7/5/2021
Evaluation Completed By: Orleida Matos, LMSW	Type of Accident: No-Fault/MVA

PATIENT HISTORY

Purpose of Referral: [REDACTED] is a 55-year-old woman, who reported being involved in a motor vehicle accident on 7/5/2021. [REDACTED] reported that the accident left her with physical, emotional and cognitive impairments.

Accidental Details

[REDACTED] reported being the front seat passenger at the time of the accident. The patient reported wearing seat belt at the time. The patient reported that as they were traveling on the highway, another vehicle rear-ended them, causing them to then the side reels on the side of the highway. The patient reported that at the time of the impact she felt very nervous and in shock. She reported that she had whiplash and experienced pain in the neck, back, shoulders and knees. The patient reported that the police arrived to the scene and completed an accident report.

STATED CURRENT SYMPTOMS

Physical: Insomnia; Pain in back and neck

Emotional: Anxiousness

Cognitive: Difficulty concentrating

Suicidal/Homicidal Ideation: None reported

Patient reported experiencing the above-mentioned symptoms since the date of the accident.

PERTINENT BACKGROUND INFORMATION

Employment Status: Unemployed

Marital Status: Married

Children: 2 children

Education Level: High School

MEDICAL HISTORY

Past or Current Medical Problems/Health Concerns: None reported

Allergies: None reported

Current Medications: None reported

Past Surgeries: None reported

Substance use in the past 30 days (not prescribed by a doctor): None reported

Alcohol use: None reported

Tobacco use: None reported

Caffeine use: Yes

PSYCHIATRIC HISTORY

Previous Psychotherapy and/or Outpatient Treatment: None reported

Current Use of Psychotropic Medication(s): None reported

Psychiatric Hospitalizations: None reported

MENTAL STATUS EXAMINATION	
Orientation:	<input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time <input checked="" type="checkbox"/> Situation/Circumstance <input type="checkbox"/> Not oriented
Attention/ Concentration:	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Insight/Judgment:	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Impulse Control:	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Recent Memory:	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Thought Process:	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Concrete <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Loose <input type="checkbox"/> Tangential
Appearance:	<input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Well-groomed <input type="checkbox"/> Disheveled <input type="checkbox"/> Self-neglect
Behavior:	<input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Guarded <input type="checkbox"/> Irritable <input type="checkbox"/> Resistant <input type="checkbox"/> Withdrawn
Ambulation:	<input checked="" type="checkbox"/> Independent <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Crutches <input type="checkbox"/> Other:
Activity Level:	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Overactive <input type="checkbox"/> Underactive <input type="checkbox"/> Restless <input type="checkbox"/> Agitated
Vision:	<input checked="" type="checkbox"/> Within Functioning Limits <input type="checkbox"/> Limited Vision <input type="checkbox"/> Blind
Hearing:	<input checked="" type="checkbox"/> Within Functioning Limits <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Deaf
Non-Verbal Aphasia:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Global <input type="checkbox"/> Expressive <input type="checkbox"/> Receptive <input type="checkbox"/> Not Assessed
Speech Rate:	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Fast <input type="checkbox"/> Halting
Speech Quality:	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Soft <input type="checkbox"/> Loud <input type="checkbox"/> Pressured <input type="checkbox"/> Unintelligible
Speech Content:	<input checked="" type="checkbox"/> Relevant <input type="checkbox"/> Irrelevant <input type="checkbox"/> Sparse <input type="checkbox"/> Rambling <input type="checkbox"/> Abusive
Affect:	<input checked="" type="checkbox"/> Stable <input type="checkbox"/> Labile <input type="checkbox"/> Full Range <input type="checkbox"/> Flat/Constricted <input type="checkbox"/> Elevated <input type="checkbox"/> Irritable <input type="checkbox"/> Fearful <input type="checkbox"/> Sad <input type="checkbox"/> Inappropriate <input type="checkbox"/> Other:

Mood: ☒ Euthymic ☐ Anxiety ☐ Depression ☐ Anger/Frustration ☐ Guilt
☐ Shame ☐ Dissociation ☐ Mania ☐ Other

CURRENT EXAMINATION

The following were completed at the time of the evaluation:

Clinician Interview; Review of Records

Mood Assessments: Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI), Patient Health Questionnaire (PHQ-9)

Trauma Assessment: The Primary Care PTSD Screen (PC-PTSD-5)

Cognitive Assessment: Neurobehavioral Symptom Inventory (NSI)

SUMMARY OF FINDINGS

TESTS AND RESULTS

BDI-II:	18	Mild
PHQ-9:	11	Moderate
BAI:	19	Moderate

PC-PTSD-5: 0 Does not meet criteria for PTSD

NSI: [REDACTED] reported the following symptoms as disturbing in the last two weeks: vision problems/blurring, nausea, loss of appetite or increased appetite, poor concentration, forgetfulness, headaches, feeling anxious or tense, feeling depressed or sad, difficulty falling or staying asleep.

INTERPRETATION

The results of this evaluation indicate [REDACTED] is suffering from emotional and cognitive impairments, in addition to her physical pain, which are consequently and causally related to the accident on 7/5/2021

DIAGNOSIS/DIAGNOSES AND CODE – Based on ICD-10/DSM-5

The test results are consistent with the criteria for the following diagnosis/diagnoses:

1. **F43.23 Adjustment Disorder with Mixed Anxiety and Depressed Mood**

FINAL RECOMMENDATIONS

[REDACTED] should receive Supportive Psychotherapy utilizing Cognitive Therapy and/or Biofeedback, at least once a week in order to cope with her disability and regulate pain levels. Presently, It is also recommended [REDACTED] receive cognitive remediation as needed.

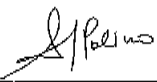
DISCLAIMER: All patients are aware that we do not provide emergency medical and/or psychological services. Therefore, in the event of an emergency, patient should contact their current medical provider(s), call 911 or go to the nearest Emergency Room.

Orleida Matos, LMSW

Clinician / Title

10/12/2021

Date



Susan J. Polino, PhD

Date 12/14/2021

PSYCHOLOGICAL ASSESSMENT REPORT

Dr. Susan J. Polino

IDENTIFYING INFORMATION

Patient Name: [REDACTED]	Gender: Male
Date of Birth: [REDACTED]	Age: 25
Date of Assessment: 10/11/2021	Date of Accident: 7/11/2021
Evaluation Completed By: Sheryl Louis – MSW	Type of Accident: MVA

PATIENT HISTORY

Purpose of Referral: [REDACTED] is a 25-year-old man, who reported being involved in a motor vehicle accident on 7/11/2021. [REDACTED] reported that the accident left him with physical and emotional impairments.

Accidental Details

[REDACTED] reported he was the driver. At an intersection there was a stop sign. He came to a full stop when other car in the opposite direction did not make a stop and collided with him.

Upon impact he reported his body jerked forward. He reported feeling back pain and he was very nervous. Police and EMS arrived to the scene and the patient was taken to the hospital for review and discharged the same day.

STATED CURRENT SYMPTOMS

Physical: headaches, back pain

Emotional: None reported

Cognitive: None reported

Suicidal/Homicidal Ideation: Denied

Patient reported experiencing the above-mentioned symptoms since the date of the accident.

PERTINENT BACKGROUND INFORMATION

Employment Status: Doorman

Marital Status: Single

Children: 0

Education Level: Some College

MEDICAL HISTORY

Past or Current Medical Problems/Health Concerns: Denied

Allergies: Denied

Current Medications: Denied

Past Surgeries: Denied

Substance use in the past 30 days (not prescribed by a doctor): Denied

Alcohol use: Denied

Tobacco use: Denied

Caffeine use: Denied

PSYCHIATRIC HISTORY

Previous Psychotherapy and/or Outpatient Treatment: Denied

Current Use of Psychotropic Medication(s): Denied

Psychiatric Hospitalizations: Denied

MENTAL STATUS EXAMINATION	
Orientation:	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation/Circumstance <input type="checkbox"/> Not oriented
Attention/ Concentration:	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Insight/Judgment:	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Impulse Control:	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Recent Memory:	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Thought Process:	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Concrete <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Loose <input type="checkbox"/> Tangential
Appearance:	<input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Well-groomed <input type="checkbox"/> Disheveled <input type="checkbox"/> Self-neglect
Behavior:	<input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Guarded <input type="checkbox"/> Irritable <input type="checkbox"/> Resistant <input type="checkbox"/> Withdrawn
Ambulation:	<input checked="" type="checkbox"/> Independent <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Crutches <input type="checkbox"/> Other:
Activity Level:	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Overactive <input type="checkbox"/> Underactive <input type="checkbox"/> Restless <input type="checkbox"/> Agitated
Vision:	<input checked="" type="checkbox"/> Within Functioning Limits <input type="checkbox"/> Limited Vision <input type="checkbox"/> Blind
Hearing:	<input checked="" type="checkbox"/> Within Functioning Limits <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Deaf
Non-Verbal Aphasia:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Global <input type="checkbox"/> Expressive <input type="checkbox"/> Receptive <input type="checkbox"/> Not Assessed
Speech Rate:	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Fast <input type="checkbox"/> Halting
Speech Quality:	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Soft <input type="checkbox"/> Loud <input type="checkbox"/> Pressured <input type="checkbox"/> Unintelligible
Speech Content:	<input checked="" type="checkbox"/> Relevant <input type="checkbox"/> Irrelevant <input type="checkbox"/> Sparse <input type="checkbox"/> Rambling <input type="checkbox"/> Abusive
Affect:	<input checked="" type="checkbox"/> Stable <input type="checkbox"/> Labile <input type="checkbox"/> Full Range <input type="checkbox"/> Flat/Constricted <input type="checkbox"/> Elevated <input type="checkbox"/> Irritable <input type="checkbox"/> Fearful <input type="checkbox"/> Sad <input type="checkbox"/> Inappropriate <input type="checkbox"/> Other:
Mood:	<input checked="" type="checkbox"/> Euthymic <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Anger/Frustration <input type="checkbox"/> Guilt

☐ Shame ☐ Dissociation ☐ Mania ☐ Other

CURRENT EXAMINATION

The following were completed at the time of the evaluation:

Clinical Interview; Review of Records

Mood Assessments: Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI), Patient Health Questionnaire (PHQ-9)

Trauma Assessment: The Primary Care PTSD Screen (PC-PTSD-5)

Cognitive Assessment: Neurobehavioral Symptom Inventory (NSI)

SUMMARY OF FINDINGS

TESTS AND RESULTS

BDI-II:	0	Normal
PHQ-9:	1	Minimal
BAI:	5	Minimal
PC-PTSD-5:	0	Does not meet criteria for PTSD

NSI: [REDACTED] reported the following symptoms as disturbing in the last two weeks: no symptoms reported

INTERPRETATION

The results of this evaluation indicate [REDACTED] is suffering from emotional impairments, in addition to him physical pain, which are consequently and causally related to the accident on 7/11/2021

DIAGNOSIS/DIAGNOSES AND CODE – Based on ICD-10/DSM-5

The test results are consistent with the criteria for the following diagnosis/diagnoses:

1. **F45.42 Pain Disorder with Psychological Factors**

FINAL RECOMMENDATIONS

[REDACTED] should receive Supportive Psychotherapy utilizing Cognitive Therapy and/or Biofeedback, at least once a week in order to cope with his disability and regulate pain levels.


DISCLAIMER: All patients are aware that we do not provide emergency medical and/or psychological services. Therefore, in the event of an emergency, patient should contact their current medical provider(s), call 911 or go to the nearest Emergency Room.

Sheryl Louis, MSW

Clinician / Title

10/11/2021

Date



Susan J. Pollno, PhD

12/9/2021

Date